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Re: In re Patent Application of  
Inventors: Kim et al.  
Appln. No.: 09/847,991  
Filing Date: May 2, 2001  
Title: CROSS BAR MULTIPATH RESOURCE CONTROLLER  
SYSTEM AND METHOD

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From: Anthony G. Smyth	Phone No:	858.509.4007
User No: 15636	C/M No:	044204-0308162

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Comments:

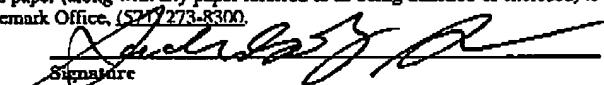
**Attachment(s):**

Office Action Response, Request for Extension of Time, Fee Tranmittal for the  
above-identified application.

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8 and/or 1.10\***

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I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent and Trademark Office, (571) 273-8300.



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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60)

**Complete if Known**

Application Number	09/847,991
Filing Date	May 2, 2001
First Named Inventor	JASON SEUNG-MIN KIM
Examiner Name	MYERS, PAUL R.
Art Unit	2112
Attorney Docket No.	044204-0308162

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 033975

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Deposit Account Name: PITTMAN LLP

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150.00	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.  
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.  
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
350	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	X	=				
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	X	=	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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**4. OTHER FEE(S)**

Non-English Specification, 130 fee (no small entity discount)

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SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>Anthony C. Smyth</i>	55636	858509.4007
Name (Print/Type)	Anthony Smyth	Date	August 29, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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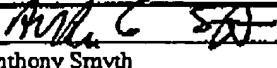
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Other: 1 Month Extension of Time

Fee Paid (\$)

**SUBMITTED BY**

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Name (Print/Type)	Anthony Smyth			Date	August 29, 2005

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